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# DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	Suppression of Transplant Rejection					
mvention						
As the help	w named inventor(s), I/we declare that:					
inis deciara	ation is directed to:					
	The attached application, or					
	Application No. PCT/GB2004/002647 , filed on JUNE 19, 2004 ,					
	as amended on(if applicable);					
I/we believe sought;	e that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is					
	eviewed and understand the contents of the above-identified application, including the claims, as amended by any t specifically referred to above;					
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.						
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.						
ELILI NAMI	E OF INVENTOR(S)					
	e: ANDREW BUSHELL					
Signature.	Citizen of: UNITED KINGDOM					
Inventor two	D: KATHRYN WOOD					
Signature:	Citizen of: UNITED KINGDOM					
Inventor thr	ee: MUHZUZ KARIN					
Signature: _	Citizen of: UNITED KINGDOM					
Inventor for	ır: VANESSA OLIVEIRA					
Signature: _	Citizen of: PORTUGAL					

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# DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	Suppression of Transplant Rejection					
As the belo	w named inventor(s), I/we declare that:					
This declar	ation is directed to:					
	The attached application, or					
	Application No. PCT/EP2004/002647 , filed on June 18, 2004 ,					
	as amended on(if applicable);					
I/we believe sought;	e that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is					
	eviewed and understand the contents of the above-identified application, including the claims, as amended by any tapecifically referred to above;					
material to became av	I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.					
to be true, a	nts made herein of my/own knowledge are true, all statements made herein on information and belief are believed and further that these statements were made with the knowledge that willful false statements and the like are by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any ng thereon.					
=						
	E OF INVENTOR(S)					
	BRIGIT SAWITZKI					
Signature	Citizen of: PORTUGAL					
Inventor six	:					
Signature: _	Citizen of:					
Inventor sev	ven:					
Signature: _	Citizen of:					
Inventor eig	ht:					
Signature: _	Citizen of:					
Additi	onal inventors or a legal representative are being named on additional form(s) attached hereto					

PTO/SB/81 (04-05)
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Application Number	
Filing Date	December 19, 2005
First Named Inventor	Andrew Bushell
Title	Suppression of Transplant Rejection
Art Unit	
Examiner Name	
Attorney Docket Number	ISI-101

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	ıı previo	us powers of attorney gi	ven in the at	ove-ide	entified applic	cation.		
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✓ Practitioners as	sociated v	with the Customer Number:		23	557			
OR			<u> </u>					
Practitioner(s) n	named bel	low:						
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as my/our attorney(s) Trademark Office con	or agent(s	s) to prosecute the application erewith.	identified above	, and to t	ransact all busir	ess in the U	Inited States Patent and	1
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	associate	ed with Customer Number:						
OR L Firm or								
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Telephone				Email			***************************************	
I am the:  Applicant/Inve	entor.							
		he entire interest. See 37 CFR FR 3.73(b) is enclosed. (Form						
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Signature						Date		
Name	BRIGIT	SAWITZKI				Telephone	-	
Title and Company								
NOTE: Signatures of all the signature is required, see	he inventor below*.	s or assignees of record of the enti	ire interest or their	represent	ative(s) are require	ed. Submit mu	Itiple forms if more than on	e
*Total of	f	forms are submitted.						

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Application Number	ormation unless it displays a valid OMB control number.
Filing Date	December 19, 2005
First Named Inventor	Andrew Bushell
Title	Suppression of Transplant Rejection
Art Unit	
Examiner Name	
Attorney Docket Number	ISI-101

I hereby revoke a	all previo	ous powers of attorney gi	ven in the a	above-ide	entified applica	ation.	
I hereby appoint:							
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Practitioner(s) named below:							
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as my/our attorney(s) Trademark Office cor	or agent( nected th	s) to prosecute the application i erewith.	identified abo	ve, and to t	ransact all busine	ss in the U	nited States Patent and
Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR							
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Applicant/Inv	entor.						
		the entire interest. See 37 CFR FR 3.73(b) is enclosed. (Form I					
	-	SIGNATURE of	Applicant or	Assignee (	of Record		
Signature						Date	
Name	VANES	SA OLIVEIRA				elephone	
Title and Company					-		
NOTE: Signatures of all signature is required, see	the inventor below*.	rs or assignees of record of the entir	re interest or the	eir representa	ative(s) are required	. Submit mul	Itiple forms if more than one
*Total of	1	forms are submitted.			<u> </u>		

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Application Number	ormation unless it displays a valid OWB control number.
Filing Date	December 19, 2005
First Named Inventor	Andrew Bushell
Title	Suppression of Transplant Rejection
Art Unit	
Examiner Name	
Attorney Docket Number	ISI-101

I hereby revoke all previous powers of attorne	y given in the a	bove-ide	entified appli	cation.			
I hereby appoint:							
Practitioners associated with the Customer Number	r:	23	557				
Practitioner(s) named below:							
Name Registration Number							
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as my/our attorney(s) or agent(s) to prosecute the applica Trademark Office connected therewith.	tion identified above	e, and to t	ransact all busi	ness in the	United S	tates Patent and	
Please recognize or change the correspondence address	for the above-ident	ified appli	cation to:				
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The address associated with Customer Number:							
Firm or Individual Name				•			
Address				<del></del>			
City		State			Zip		
Country Telephone		Email					
I am the:		Zillan	<u> </u>				
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 ( Statement under 37 CFR 3.73(b) is enclosed. (Fo							
SIGNATURE	of Applicant or A	ssignee	of Record	-			
Signature				Date	T -		
Name MAHZUZ KARIM				Telephone			
Title and Company							
NOTE: Signatures of all the inventors or assignees of record of the signature is required, see below*.	entire interest or their	r represent	ative(s) are require	ed. Submit m	ultiple for	ms if more than one	
*Total of forms are submitted.					-		

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## **POWER OF ATTORNEY CORRESPONDENCE ADDRESS** INDICATION FORM

Application Number	ormation unless it displays a valid OMB control number.
Filing Date	December 19, 2005
First Named Inventor	Andrew Bushell
Title	Suppression of Transplant Rejection
Art Unit	
Examiner Name	
Attorney Docket Number	ISI-101

I hereby revoke all previous powers of attorney given in the above-identified application.  I hereby appoint:  Practitioners associated with the Customer Number:  OR  Practitioner(s) named below:  Registration Number  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR					
Practitioner(s) named below:  Name  Registration Number  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:					
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LY Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature Date					
Name KATHRYN WOOD Telephone					
Title and Company					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
*Total of forms are submitted.					

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Title	Suppression of Transplant Rejection
Art Unit	
Examiner Name	
Attorney Docket Number	ISI-101

I hereby revoke a	all previo	ous powers of attorney gi	ven in the	ahove-ide	entified annlic	etion	
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as my/our attorney(s) Trademark Office con	or agent( nected th	(s) to prosecute the application nerewith.	identified ab	ove, and to t	ransact all busine	ess in the	United States Patent and
Please recognize or c	hange the	e correspondence address for t	he above-id	entified appli	cation to:		
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Applicant/Inv	entor.						
Assignee of r Statement ur	ecord of today	the entire interest. See 37 CFR FR 3.73(b) is enclosed. (Form F	3.71. PTO/SB/96)				
		SIGNATURE of		r Assignee (	of Record	-	
Signature						Date	1
Name	ANDRE	W BUSHELL			Т	elephone	
Title and Company		<del></del>					
NOTE: Signatures of all the signature is required, see	he inventor below*.	rs or assignees of record of the entir	e interest or ti	heir representa	ative(s) are required	. Submit m	ultiple forms if more than one
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